Disclosure Report Cover

Amendment

Yes

No

with other detailed forms

Use this form for general report and committee information, must sample and submitted along with other detailed forms. Do not use this form to update information. la Committees informations a. Full Name c, ID Number Elect b. Mailing Address (include City, State and Zip Code) Phone Number ate (mm/dd/w 5 Period Start Date (mindays) Type of Reports (diedeonly one type of I voe of Committee (Check One) Referendum State/County Candidate Campaign Party Municipal PAC Organizational Referendum Organizational Organizational Quarterly Pre-referendum ☐ Independent Expenditure ☐ Joint Fundraiser Thirty-five day Final Pre-primary First Legal Expense Fund Supplemental Final Second Pre-election Pre-runoff Third Annuai 78 Dyne of Rund Special Booster Fund Semi-annual Fourth Mid Year Building Fund Semi-annual Year End Mid Year 10 Special Report Name Other: Year End Final Special Final H. Accountanto vination I.I. Account Information a. Financial Institution Full Name a. Financial Institution Full Name c. Account Code c, Account Code o. Purpose d. Period Begin Balance d. Period Begin Balance I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Printed Name of Signer Signature of Appoin FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee Hand Delivered Electronically Filed Date Scanned: Employee Signer has not received Date Data Entered: Employee: mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)

2. Type of Report

3. ID Number

1. Committee Full Name (and Fund if applicable)	2. Type of 1		ID Number
Elect Tersa M Van Can	Flore	a1	
Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	 	\$745,26	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1327.63	\$ 39146.10
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ XIBBIRITADOR	WARRANGE OF
11) Other Receipt Sources	er allen i allen er er		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$1327.63	\$ 3946.10
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1577.63	\$ 3032.37
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 48.47
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$1577.63	\$ 3450.84
19) Cash on Hand at End (Add lines 4 and 12 together, then suf	otract line 18	\$ 495.26	\$495,26
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	<u> </u>	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded NC State Rose	(CRO-1215)	18 418.47	\$

Cont	ributions fr	om Individuals	s	Pg	1 of 3	Amendment Yes No
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Contributions from Individuals	Po	3	of	2	Amendment Yes	
Use this form to report individual contributions over \$50 or contributions	ль unde	r \$50 if i	form	CRO	1205 is not a	 ····

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7. Purnose Codes (List detailed expenditure code in (h.) above)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

Δ	*	- Media	R* . Printing	C* Fundrois
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F* - Equipment E - Salaries

C* - Fundraising

D - To Another Candidate

I - Postage J - Penalties G - Political Party **K* - Office Expenses**

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

O* Other * Codes require detailed explanation in required remarks field (k) CRO-1310

Contributions to be Reimbursed Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days. Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320) 1. Committee Full Name 2. ID Number Elect Mugae 3. Contributor Information Remove Add Full Name & Mailing Address of the Payee Full Name & Mailing Address of the Reimbursee (the original vendor) (the person to whom the campaign check is written) Southern Plnes, NC 2838 Southern Pines, NC 28367 a. Contribution Description b. Date (mm/dd/yyyy) c. Credit Card Y/N printing, stationery \$ 236.76 3. Contributor Information ☐ Add Remove Full Name & Mailing Address of the Payee Full Name & Mailing Address of the Reimbursee (the original vendor) (the person to whom the campaign check is written) Gennood Ave a. Contribution Description b. Date (mm/dd/yyyy) c. Credit Card Y/N Stationery 13 37.63 3. Contributor Information Add Remove Full Name & Mailing Address of the Payee Full Name & Mailing Address of the Reimbursee (the original vendor) (the person to whom the campaign check is written) outhern Pines NC 28387 a. Contribution Description c. Credit Card Y/N b. Date (mm/dd yyyy) d. Amount 91201 postage. 3. Contributor Information Add Remove Full Name & Mailing Address of the Payee Full Name & Mailing Address of the Reimbursee (the original vendor) (the person to whom the campaign check is written)

b. Date (mm/dd/yyyy)

c. Credit Card Y/N

d. Amount

\$

(This line goes in line 28 of Detailed Summary Page CRO-1100) CRO-1215

a. Contribution Description

4. Total only this Page

5. Total of ALL CRO-1215 Pages

NC State Board of Elections

August 2008

	ements From the Com ds/reimbursements, including con	- 6	of ed to the contribu	Yes No No utor.
1. Committee Full Name (a		en e		2. ID Number
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3. Payee Information		Add 🔲 Ren	nove	
a. Full Name, Mailing Address &	Phone	d. Type of Commi		h, Original Receipt Date
(include city, state, & zip)		Candidate	PAC	1/20/11
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4. Total only this Page				\$
5. Total of ALL CRO-132 (This line must be on line 16 of	0 Pages Detailed Summary Page CRO-1100)			\$ 448,47
6. Purpose Codes (List det	ailed disbursement code in (f) ab	ove)		
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* Codes require detailed	explanation in required remai	cks field (m)		

Amendment